



Still Serving in Korea



Newsletter 2000-4

The newsletter for U.S. military retirees in the Republic of Korea

Oct-Dec 2000

Medical Care Matters

Diabetes Linked to Agent Orange

The Veterans Administration (VA) has announced that Type II diabetes (also known as adult onset diabetes, diabetes mellitus and non-insulin dependent diabetes mellitus) has been linked to Agent Orange. Members who served anywhere in Vietnam between 1962 and 1975 and who subsequently were diagnosed and treated for Type II diabetes are encouraged to file a claim. If the member is not currently receiving VA disability pay or does not have a claim pending, then VA Form 21-526 should be used to establish the claim. Medical records showing diagnosis and treatment should be included along with a copy of the member's DD Form 214. Medical records can be ordered from the National Personnel Records Center in St. Louis using Standard Form 180.

Korea retirees who know a military widow whose husband may have died of diabetes, either as a primary or secondary cause of death, are asked to have the widow contact the Retiree Activities Office at 784-1441 or commercial 031-661-1441.

The study establishing the relationship between Agent Orange and Type II diabetes can be found at <http://stills.nap.edu/html/diabetes/>. For answers to frequently asked questions (FAQ) related to eligibility, go to the VA benefits web page at

continued on page 2

IN THIS ISSUE

- 2 TRICARE-for-Life Approved
- 4 VA Secondary Service Connection
- 5 How to Update DEERS
- 6 Filing On-Line
- 7 In-Country Representatives Coming

Still Serving in Korea is published quarterly by the Osan Air Base Retiree Activities Office to inform retirees and family members on information of interest on rights, benefits and privileges, and on the status of legislative initiatives which affect military retirees and beneficiaries. Items in this newsletter do not necessarily reflect the views of the 51 FW, 7AF, PACAF, USAF, USFK, or DOD.

Pay Matters

3.5% COLA for 2001

Most recipients of military and federal civilian retired pay, Social Security, veterans disability compensation, Survivor Benefit Plan annuities and other federal and retiree annuities will see a 3.5% cost-of-living adjustment (COLA), effective December 1 and payable in the January 2001 check.

The COLA is determined by comparing the percentage increase in the three-month average Consumer Price Index (CPI) for July, August and September of 2000 vs. the July-to-September average for 1999.

Servicemembers who have retired since January 1, 2000 will receive a partial COLA, since they were retired for only a portion of the fiscal year. Members who entered service before September 8, 1980 and who retired since Jan. 1, 2000 will receive a 2.8% COLA.

Members who entered service on or after Sept. 8, 1980 (whose retired pay is calculated on their highest 36 months' basic pay) and retired before Oct. 1, 2000 will receive a partial COLA based on the calendar quarter in which they retired. This affects mainly military disability retirees this year, since no members in this category had attained 20 years of service by October 1. Those retiring in the first quarter of calendar year 2000 will receive a 2.8% COLA. For those retiring in the second and third calendar quarters, the COLA will be 1.8% and 0.7%, respectively. Post-9/8/80 entrants who retired October 1 will receive no COLA in December, but will receive a full-inflation COLA on Dec. 1, 2001.

*The Retired Officers Association
Legislative Update, Oct 20*

Civilian Retiree COLA

Federal and postal employees will receive in January the largest cost-of-living adjustment in nearly a decade. Those retired under the Civil Service Retirement System (CSRS) get the full 3.5% adjustment, while those retired under the Federal Employees Retirement System (FERS) will get 2.5% on the civil service portion of their annuities and 3.5% on the Social Security portion of their annuities.

Armed Forces News, Oct 27

Medicare Premium and Deductible Rates for 2001 Announced

The Department of Health and Human Services (HHS)

continued on page 3

<http://www.vba.va.gov/bln/21/benefits/herbicide/index.htm>.

*In-Country VA Representative and
Osan AB Retiree Activities Office*

TRICARE-for-Life

Recent legislation has greatly enhanced the government's promise of lifetime medical care for retirees. On Monday, Oct 30, the President signed the FY2001 Defense Authorization Act into law – including provisions authorizing TRICARE-for-Life and pharmacy coverage for Medicare-eligibles, and allocating part of the government surplus to establish a trust fund that makes this coverage a mandatory entitlement that will not have to compete for funding with the rest of the Defense budget.

TRICARE-for-Life will start on October 1, 2001. It is for military retirees, their spouses, and surviving spouses who qualify for Medicare Part B. To participate, **you must have Medicare PART B** and your **DEERS information must be up to date** (see page 5 of this newsletter). If you are not currently enrolled in Medicare Part B, you must enroll during the General Enrollment Period (January 1- March 31) to become eligible for Part B benefits on July 1, 2001. The cost of Part B may go up 10% for each 12-month period that you could have had Part B but did not take it. (Note: Korea retirees and widows in this category should contact the Osan Retiree Activities Office for assistance in requesting an exemption from the late enrollment penalty.) The first thing DOD is planning to have on line is TRICARE Standard for everyone. That is a fee for service program. Medicare Part B will be the first payer and TRICARE Standard will pick up the rest. The beneficiary must stay in Medicare Part B and will have the yearly Medicare deductible. There will be no additional TRICARE co-pays, fees or deductibles. The questions of TRICARE Prime and the use of the Military Treatment Facilities (MTFs) will be handled later. At this time the plan does not require the beneficiary to actually enroll in TRICARE-for-Life. All the retiree will need to qualify for TRICARE-for-Life is his or her Medicare Part B card and his or her Military I.D. Medicare is the primary payer under the TRICARE-for-Life and the only criterion is that a provider accepts Medicare patients. Beneficiaries who are eligible for Medicare, but enter into "private contracts" with providers who do not see Medicare patients or participate in the Medicare program do so at their own expense. Since none of the regulations have been written yet there may be some changes in the details. New rules included in the law are:

- Reduction of the catastrophic cap on out-of-pocket expenses for retired TRICARE Standard users from \$7,500 to \$3,000 per year.
- Elimination of copayments for active duty family members enrolled in TRICARE Prime, and provides Prime-level benefits to families assigned to areas where Prime is not available.

- Prohibits imposing requirements for TRICARE beneficiaries to obtain pre-approval or non-availability statements (NAS) except under specific conditions related to funding or readiness.
- Travel expense reimbursement for TRICARE Prime beneficiaries referred to a provider more than 100 miles from the primary provider's location.

The other new health care program for retirees is a Pharmacy Benefit for retirees over 65, their spouses and surviving spouses. **This program begins April 1, 2001.** A beneficiary can use the Military Mail Order Pharmacy (MMOP) and receive up to a 90 day prescription for \$8. Additionally, there is a Network Pharmacy Benefit that has a 20% co-pay per prescription (that is the beneficiary pays 20% and TRICARE pays 80%). Finally, there is an Out of Network Pharmacy Benefit with a 25% co-pay and a \$150 yearly deductible. Any beneficiary who turns 65 after March 31, 2001 must have Medicare Part B to participate in this pharmacy program. If a beneficiary turned 65 before that date they will not need Medicare Part B for the pharmacy program.

*[from various sources]
RAO Baguio, Nov 6*

Note: For overseas retirees where Medicare is not available, TRICARE will be the primary payer. This has been verified by TRICARE sources and should have been published in military newspapers by the time you read this.
Osan AB Retiree Activities Office

Congress Seeking VA Hepatitis Presumption

Rep. Lane Evans, D-Ill., ranking Democrat of the House Veterans Affairs Committee, has announced progress on establishing a presumption of service-connection for veterans who have contracted Hepatitis C. Although the Department of Veterans Affairs initially opposed the measure, he said the VA has now agreed to support a rule of presumption. Vietnam veterans are believed to be at greater risk for Hepatitis C than other groups, since those of them who received blood or blood products prior to 1992 may have received blood infected by the Hepatitis C virus. A presumption would allow veterans who currently have Hepatitis C and who were exposed to such risk factors during military service to be compensated.

Armed Forces News, Nov 17

Agent Orange Registry for Korean Vets

Because Agent Orange was used in Korea in 1968-69, some 80,000 veterans of [Korea service near the DMZ] may be eligible for free Agent Orange Registry (AOR) examinations from the Department of Veterans Affairs. Those who apply will be surveyed and tracked, and will be added to the Agent Orange newsletter subscription list. The AOR action does not entitle Korean War veterans to compensation for diseases related to Agent Orange exposure. For more information, contact your local VA office, VA medical center, (or the Retiree Activities Office at 784-1441 or retact@osan.af.mil.) ■

Armed Forces News, Nov 17

continued ►

recently announced the 2001 rates for the Medicare Part A deductible and Part B monthly premium amounts paid by beneficiaries.

The Medicare Part B monthly premium will be \$50 in 2001, an increase of \$4.50 from this year, but still significantly lower than earlier year projections, according to HHS officials. The Part B premium covers physician services, hospital outpatient care, durable medical equipment and other services outside hospitals.

Most of Medicare's 39 million beneficiaries opt for this voluntary coverage. In addition to health care costs, this year's increase reflects legislative changes that increase Part B spending. The beneficiary-paid Part B premium represents 25 percent of total Part B spending.

The Part B premium has been relatively flat in recent years. There was no increase in the premium last year, an increase of \$1.70 in 1999, and no increase in 1998. Accounting for inflation, the premium has risen by less than a dollar since 1994.

"While the increase for 2001 is necessary to cover higher costs and legislative changes, we have still succeeded in significantly holding down Part B beneficiary premiums over recent years," said Michael Hash, acting administrator of the Health Care Financing Administration (HCFA), which runs the Medicare program.

"Total premium increases for our beneficiaries have been less than half the amount originally projected when the Balanced Budget Act (BBA) was passed." Estimates following enactment of the Balanced Budget Act of 1997 had projected that Part B premiums would increase from \$43.80 in 1997 to \$59.40 in 2001, a four-year increase of more than \$15. However, the 2001 premium represents an actual four-year increase of less than \$7.

HHS also announced that the Part A deductible for inpatient hospital care will rise by \$16, to \$792. This increase is about 2 percent, reflecting savings from reductions in Medicare hospital payments and other program changes signed into law in the BBA to help protect and preserve the Medicare Hospital Insurance Trust Fund. Last year, the deductible rose by \$8. The Part A deductible is a beneficiary's only cost for up to 60 days of Medicare-covered inpatient hospital care. The daily cost to beneficiaries for hospital days 61 through 90 in a benefit period is rising by \$4, to \$198 per day, and by \$8, to \$396 per day, for hospital days beyond the 90th in a benefit period. The skilled nursing facility daily coinsurance amount, which must be paid after the first 20 days of such care in a benefit period, is rising by \$2, to \$99 per day.

The Part A premium, paid by only a small percentage of beneficiaries, is decreasing again in 2001. For the 388,000 beneficiaries who pay a premium for Medicare Part A

coverage, premiums will decrease by \$1, to \$300. This amount is paid by seniors with less than 30 quarters of Medicare-covered employment (and by certain people with disabilities who are under age 65, have lost disability benefits because of work and earnings and have less than 30 quarters of Medicare-covered employment).

Seniors with 30 to 39 quarters of Medicare-covered employment (and certain people with disabilities who are under age 65, have lost disability benefits because of work and earnings, and have at least 30 quarters of Medicare-covered employment) are entitled to a reduced monthly premium, which is falling by \$1, to \$165.

Medicare information is also available at <http://www.medicare.gov> on the Internet.

Air Force Retiree News, Oct 28

The following three items are from The Retired Officers Association (TROA) Special Legislative Update, Nov 1

Montgomery GI Bill (MGIB)

Most participants in the Post-Vietnam Era Veterans' Education Assistance Program (VEAP) who were on active duty as of April 1, 2000 (certain other conditions also apply) will be able to convert to MGIB for a \$2,700 premium. Unfortunately, this provision does not apply to any VEAP enrollees who retired from service before April 1, 2000.

Special Compensation for Severely Disabled Retirees

As of October 1, 2001, otherwise-qualifying Chapter 61 (military disability retirees) will be eligible for the \$100-300 per month special compensation enacted last year. To qualify, members must have served at least 20 years of full-time active duty (or achieved the equivalent 7200 Reserve points) AND have received a disability rating of 70% or higher (from either their parent service or the VA) within 4 years of leaving active duty. 100% disabled members will receive \$300/mo; 90% disabled, \$200; and 70% or 80% disabled, \$100, beginning October 1, 2001. TROA will be back to press for full concurrent receipt of retired pay and VA disability compensation again next year.

Survivor Benefit Plan Age-62 Annuity

The final law authorized no age-62 SBP annuity increase (from 35% to 40%), but contained a provision expressing the "sense of Congress that, subject to the requirements and limitations of congressional budget procedures relating to the enactment of new (or increased) entitlement authority, there should be enacted legislation that increases the annuities provided under [SBP] for surviving spouses who are age 62 and older in order to reduce (and eventually eliminate) the different levels of annuities...for surviving spouses...under age 62 and those...age 62 and older." ■

continued ►

More Medical Matters

Secondary Service-Connected Disability

When a service-connected disability is the proximate cause of another condition, the veteran may be able to receive compensation benefits for the latter under the theory of secondary service connection. The VA requires a medical opinion of a link between the current disability and service-connected disability.

Example(s) of proximate result of service-connected condition are: (1) Isochemic Heart Disease, or other cardiovascular disease, developing in a veteran who has a service-connected amputation of one lower extremity at or about the knee, or service-connected amputations of both lower extremities at or above the ankles, shall be held to be the proximate result of the service-connected amputation(s); (2) Stress caused by post-traumatic stress disorder (PTSD) could create a hypertensive condition secondary to the veteran's service-connected PTSD. A treating physician is qualified to give an informed opinion because the treating physician will usually have treated the veteran for some time and is in charge of the veteran's treatment plan. A medical opinion that the stress caused by mental disorder can create hypertension is enough evidence to support a well-grounded claim for secondary service connection for hypertension caused by a mental condition.

Veterans service-connected for peptic ulcers can claim secondary service connection for complications such as: the ulcer may penetrate the wall of the stomach and enter an organ such as the pancreas or liver. If service-connected for chronic hepatitis, he may claim secondary service connection for liver injuries or damage, liver cirrhosis, and/or liver cancer. "Immune" manifestations often occur with chronic hepatitis and can affect virtually any body system.

Veterans may also file claims for secondary service connection by aggravation. An increase in non-service-connected disability caused by aggravation from a service-connected disability will also be service connected under 38 CFR 3.310(a).

Experienced advocates recognize that there are certain types of claims for secondary service connection that they have great difficulty winning. For instance, claims for secondary service connection (1) for a heart condition caused by a service-connected mental condition; (2) for mental conditions by service-connected physical conditions; (3) for conditions that may have pre-existed service, all are difficult to obtain approval.

It is also recognized that certain claims for secondary service connection are relatively easy to win. (1) Veterans with service-connected diabetes can claim secondary

service connection for multiple issues, including Addison's disease, Arteriosclerosis, dental problems, foot problems, infections, neuropathy, retinopathy, vascular disorder, peripheral vascular disease, amputations, Raynaud's disease, and Nephropathy. (2) Veterans with service-connected hypertension can claim secondary connection for headaches, atherosclerotic heart disease (heart attack), vascular accidents (strokes), cerebrovascular insufficiency, peripheral vascular disease and renal failure.

Sheppard AFB Retiree Update, Apr 2000

Many Veterans Eligible for Prosthetics Assistance

The first category of veterans to whom VA shall furnish prosthetic services includes:

- Veterans in need of care for a service-connected disability
- Veterans who have a service-connected compensable disability
- Veterans whose discharge or release from active military service was for a compensable disability
- Veterans eligible pursuant to Section 1151 (tort claim) of Title 38 U.S.C.
- Former POW's
- Veterans of the Mexican Border Period or World War I
- Veterans exposed to toxic substance, radiation, or environmental hazards in the Persian Gulf (limited)
- Veterans who have annual income and net worth below the "means test" threshold.

The second category of veterans to whom VA may furnish care are:

- Those nonservice connected veterans whose incomes and net worth are above the means test threshold, i.e., Category C veterans.
- Zero percent service connected veterans who are not in receipt of compensation needing care for non-service-connected conditions.

Services available to veterans in the above listed categories include:

Automobile adaptive equipment; aids for the blind; artificial limbs, terminal devices and stump socks; hearing aids and accessories, speech communications aids; home dialysis equipment and supplies; medical equipment and supplies; orthopedic braces and supports; wheelchairs and mobility aids; ocular prostheses, cosmetic restorations and ear inserts; optical supplies; clothing allowance. ☐

Sheppard AFB Retiree Update, Apr 2000

The commander of an Australian battalion in full retreat in North Africa during World War II ordered his men to stop for breakfast. They became known in the German prison camp, where they spent the next four years, as "The Breakfast Battalion."

March ARB Retiree Newsletter, Fall 2000

Update Matters

Updating DEERS

Noting that there is no way to automatically track retirees and family members registered in the data base, Defense Enrollment Eligibility System (DEERS) officials issued a reminder this week to retirees of their responsibility to update the system.

Home addresses are extremely important, according to DEERS officials, since data information listed in DEERS is frequently used to send out information about health benefits.

Problems also arise when DEERS is not notified of a change in the family status, such as marriage, divorce, birth or adoption. TRICARE benefits may be denied because DEERS has not been updated to reflect a new spouse or child. A claim may also be paid by mistake because DEERS has no record of divorce or death.

With an incorrectly paid claim, the government is required by law to request reimbursement, regardless of who is at fault.

Retirees (and active duty military members) may update DEERS information by:

- Going to the nearest military personnel office;
- E-mailing changes to **addrinfo@osd.pentagon.mil**;
- Faxing changes to (831) 655-8317;
- Mailing changes to

DEERS Support Office ATTN: COA
400 Gigling Road
Seaside, CA 93955-6771

DEERS address changes may also be made on-line at <https://www.tricare.osd.mil/DEERSAddress/>

For more information, call the DEERS Support Office at its toll-free numbers: 1-800-538-9552 (continental U.S.); 1-800-334-4162 (California only); and 1-800-527-5602 (Alaska and Hawaii).

DEERS Support Office hours of operation are 6 a.m.-3:30 p.m., Pacific Time, Monday through Friday.

USAF Afterburner Newsletter, September 2000

DFAS-CL Needs Your Help

The Defense Finance and Accounting Service Cleveland Center recently sent out a "Designation of Beneficiary

Information" card to all military retirees.

Retirees who have not yet completed and returned the card should do so as soon as possible. Failure to have a beneficiary for arrears of pay on file delays payment of any money due when a retiree dies.

DFAS-CL officials point emphasize that the card should be completed and witnessed per instructions on the card.

Also, retirees are reminded that the card has to do ONLY (repeat only) with the beneficiary of arrears of pay, which is that portion of the retired pay a retiree has earned in the month of his/her death. Example: Since retired pay is paid in arrears, (i.e., the pay received on 1 November is actually for the month of October, a retiree who lives 15 days during the month would have a half month of pay coming.

Often by the time the death has been reported, a check for the entire month may have been sent out. That check would have to be returned and one for that 15 days would be issued to the beneficiary. The card that DFAS-CL sent out designates that person.

The card has no bearing on the individual designated as the beneficiary for payments due under the Survivor Benefit Plan who may, or may not, be the same person who receives the arrears of pay.

Air Force Retiree News, Oct 17

Apply for a Medicare Replacement Card Online

The government is allowing its beneficiaries to get a replacement for lost or stolen ID cards on line. The Health Care Financing Administration processes about 750,000 requests a year for replacement cards from beneficiaries. Individuals now can click on the application and transmit it directly to the agency. The agency is assuring applicants that it uses "the highest commercially available encryption to ensure that a beneficiary's confidential information is secure as it travels through cyberspace." HCFA will process an individual's request and mail out the new card. Here's the Internet address:

<http://www.ssa.gov/medicarecard.html>

Armed Forces News, Aug 11

Patience for Cold War Certificate

Officials in the Cold War Recognition office are asking for a little patience and understanding. They're working at top speed, but are still running about a year behind in sending out the Cold War Certificates.

Individuals who sent in their request less than a year ago are asked not to send a follow-up letter as the research only further delays the processing. If more than a year has passed, you can e-mail **cwrsi@hoffman.army.mil** or call (703) 325-6027. New applications for the certificate can be made at <http://www.coldwar.army.mil>, or at the same number. ☐

Air Force Retiree News, Oct 31

continued ►

Online Matters

Social Security Offers Online Filing for Retirement Benefits

The Social Security Administration (SSA) announced that as of Nov 1, the public can apply for Social Security retirement benefits on the Internet at www.ssa.gov, the SSA website. Certain documents must still be delivered to the SSA office.

"People will now be able to apply for Social Security retirement benefits online at their convenience," said William A. Halter, Deputy Commissioner of Social Security. "This new online service offers the public an easy and convenient way to obtain the benefits they expect and deserve. As we move into the 21st Century, the Social Security Administration will be using 21st Century technology to meet the service needs of our customers."

According to a study by Jupiter Communications, 14 million Americans age 50 and older are online and that number is expected to double in the next few years.

"We are always looking for ways to improve service to our customers," Halter commented. "Giving our customers more opportunities to conduct business over the Internet will reduce costs and make our services more accessible to the public, twenty four hours a day, seven days a week. But at Social Security, privacy is a high priority and we only make new online services available when we are confident that the public's privacy is guaranteed."

An applicant using the Social Security Administration's web-site to apply for benefits will fill out the online application and send the information electronically to the agency. The applicant must print a copy of the completed application form, sign it, and mail it or bring it to the address provided by Social Security. Along with the signed form, SSA also needs certain documents, such as a person's birth certificate (*and DD Form 214 for military service*), to establish eligibility for Social Security benefits. An applicant can either mail or take these items to Social Security. The electronic application will be stored on a database and automatically retrieved when Social Security receives the applicant's signed application.

Individuals must meet certain conditions in order to take advantage of the Internet retirement benefit application. For example, they must be at least 61 years and 9 months or older and plan to start receiving retirement benefits within four months.

The Social Security Administration uses the strongest commercially available encryption to ensure that an applicant's confidential information is secure as it travels over the Internet.

Interested individuals can go directly to <http://www.ssa.gov/applytoretire>, the location for the online retirement benefits application form.

Air Force Retiree News, Nov 3

Two New Systems Speed Up VA Services

Veterans can now apply for benefits and health care online with the Department of Veterans Affairs (VA). Two new systems will allow veterans quick, easy and secure access to apply for compensation, pension, rehabilitation benefits and health care.

"This is the first step toward an electronic VA," said Acting Secretary of Veterans Affairs Hershel W. Gober. "We will use the best in the business world and the latest in the high technology sector to deliver world-class benefits and care to veterans. That's a promise."

To apply for health care, veterans can fill out and submit an Internet-based 10-10 EZ application available Nov 3 for the first time nationwide. Initially tested at 30 VA facilities, the 10-10 EZ is automatically e-mailed to the VA health care facility selected by the veteran. VA employees register the data, print the form and mail it back to the veteran for signature. Veterans can also print out the completed form and mail it to a VA health care facility themselves.

"Veterans On Line Applications" (VONAPP) is designed for veterans to apply for compensation, pension, and vocational rehabilitation benefits through the Internet. Completed applications are sent electronically to the veteran's local VA office. Processing begins right away and veterans receive a response letting them know the status of their applications.

"Of course, security is of paramount importance," said Gober. "These forms are individually encrypted, ensuring the privacy of veterans' personal data. This is part of VA's approach to department-wide security planning and management."

VA aims to eventually put all its health care and benefits applications online. However veterans are not required to apply online and can continue to use paper applications. To download other VA applications see <http://www.va.gov/forms>.

"Online applications, bar coding for medications, computerized record systems, telemedicine and, in the near future, Smart Cards are all examples of VA developing information technology on par, and often ahead of, the rest of the country," said Gober. "I'm really excited about what technology can do to allow us to do a better job in caring for the nation's veterans."

For information go to <http://vabenefits.vba.va.gov/> ☐

Air Force Retiree News, Nov 8

continued ►

Community Matters

VA Representation In-Country

Mr. Russell Muse, a VA benefits representative, is currently in Korea and traveling to major locations on a regular schedule. Mr. Muse will remain in Korea through March or early April 2001, at which time a permanent in-country representative will be assigned at Camp Casey. The permanent individual will travel to major installation locations throughout Korea on a regular basis. Check with your local Army Career and Alumni Program office or Air Force Transition Assistance Program office for details on the schedule for your area.

Osan Retiree Activities Office

Retirement Services Officer to be Assigned in Seoul

A contract is being negotiated to provide for a full-time Retirement Services Officer (RSO) position at Yongsan Army Garrison. This is to be a contractor position, and it is unclear at this time where the RSO will actually work. It is possible, however, that the position may be located in the Army Career and Alumni Program office on Yongsan South Post, near the Dragon Hill Lodge.

The RSO position should provide convenient access to support services for retirees and widows in Seoul and the northern areas of South Korea. ■

Osan Retiree Activities Office

Laughing Matters

Fun and Game

After a day fishing in the ocean a fisherman is walking from the pier carrying two lobsters in a bucket. He is approached by the Game Warden who asks him for his fishing license.

The fisherman says to the warden, "I did not catch these lobsters, they are my pets. Everyday I come down to the water and whistle and these lobsters jump out. I take them for a walk only to return them at the end of the day."

The warden, not believing him, reminds him that it is illegal to fish without a license. The fisherman turns to the warden and says, "If you don't believe me then watch," as he throws the lobsters back into the water.

The warden says, "Now whistle to your lobsters and show me that they will come out of the water."

The fisherman turns to the warden and says, "What lobsters?"

From the Internet ☺

The Director's Corner

The Ghosts of Korea

TRICARE-For-Life is a major step forward in "keeping promises" to retirees. Although the expanded benefits are yet to be defined, this program should do much to reduce out-of-pocket medical expenses for Korea retirees who are 65 and over. Some of those retirees have been fortunate in "dodging the bullet," having taken out Korean medical insurance prior to major problems occurring. Other have had to go back the States because the costs would have been too great for care not available at military treatment facilities.

But the future of medical and dental care for retirees in Korea has the potential to become a serious problem. We see some of it from time to time, primarily in the area of dental care. When staffing shortfalls occur, it's the retirees at the back of the line who suffer. This is not a criticism of the system. The medical and dental staffs provide great support to retirees within the limitations with which they are forced to operate. The major

continued ►

limitation is that when measuring the population they support – and upon which staffing is based – they cannot count retirees. We are a ghost population. The reason for this is that we are not eligible to enroll in TRICARE Prime, and TRICARE Prime enrollment is how the supported population is measured. Catch 22.

It's also not pleasant to talk about paying for medical care when many of us were promised free medical care for life. However, we have to face the reality of the situation. When retirees in the U.S. are paying, and active duty dependents are paying, then maybe it's time for us to face facts and accept that to gain a place in line, we're going to have to buy a ticket.

We need to start asking our legislators to support enrollment for overseas retirees, their dependents and survivors in TRICARE Prime for those under 65, TRICARE Prime Senior for those 65 and over and the TRICARE Retiree Dental Plan. The TRICARE providers say that it's difficult to provide this type of coverage for retirees living in overseas areas. However, for those of us

continued on page 8

RETIREE ACTIVITIES OFFICE
51 MSS/CVR
UNIT 2097
APO AP 96278-2097

MPS

ADDRESS CORRECTION REQUESTED

Director's Corner - continued from page 7

with access to military treatment facilities, there should be no or very little difference in program administration from that already available for active duty dependents.

For those who are members of military organizations such as the Veterans of Foreign Wars, The Retired Enlisted Association, The Retired Officers Association, the National Association of Uniformed Services, etc., you should write to your organizations and request that they join in supporting overseas retirees in gaining equity in access to affordable medical and dental care.

Space available may be adequate to excellent for now, but I would not hold out hopes that medical staffing will expand in the future. Rather, it will continue to shrink in favor of civilian care providers. What we need is equity with active duty dependents to eliminate our status as invisible members of the population. All we're asking for is equal, continuous and permanent access to quality medical and dental care, the same as is currently provided to retirees in the States. And that means that we should be asking for access to TRICARE Prime and TRICARE Prime Senior for overseas retirees.

continued ►

Social Security Claims Processing to Slow

Mr. Sheldon Darsch worked as a Benefits Authorizer in the Social Security office in Baltimore, MD. He was one of the people responsible for international claims, and he provided outstanding service both to Mr. David Downing and to me in supporting claims from retirees and widows. Mr. Darsch was the reason Henry Kim in Pusan was able to write a letter to the Pacific Stars and Stripes Readers' Forum (published Sep 10, 2000) about how speedy his Social Security claim was processed.

Unfortunately, Mr. Darsch was forced to retire on Nov 17. This was sudden and unexpected by both Mr. Darsch and me. There is currently no one to take his place in expediting Korea claims processing. As a result, I expect Social Security claims processing will be slow. ■

Jack Terwiel

The Retiree Activities Office
extends wishes to everyone for a
very Merry Christmas and
Happy New Year